

## CHAPTER 6

## Health Equity Is a Racial Justice Imperative

As we examined in previous chapters, many forms of historical racism continue to harm individuals and communities of color. The legacy of past injustices, together with continued systemic racism, produce significant barriers for people of color while providing advantages to white people.

Health is another area where people of color experience worse outcomes than white people in the United States. People of color must not only contend with racism in their lives, which negatively affects their health, but also receive inferior healthcare because of racial bias within the medical field. The significant health disparities between people of color and white people in the United States are evidence of the consequences of white supremacy in our nation today.

### Understanding Racial Health Disparities

Doctors and researchers have been aware of racial disparities in health for decades. Yet, it wasn't until 2011 that the Centers for Disease Control (CDC) released the first comprehensive report on health disparities and inequalities. The report defined health disparities as “differences in health outcomes between groups that reflect social inequalities.”<sup>1</sup> The CDC has continued collecting data and reporting on health disparities since, and racial health disparities have increasingly played a role in the debate over health policy in the United States.

Overall, racial differences in health outcomes are most pronounced between white people and Black people in the United States. When controlling for income and education level, Black women and men have lower life expectancies than white women and men. Black mothers and children have much higher rates of maternal and infant mortality than white people and are more likely to have asthma.

However, other people of color also face significant disparities when compared to white people. Native American and Alaska Native people are twice as likely to be diabetic and twice as likely to be diagnosed with HIV as white people.<sup>2</sup> The Asian American & Pacific Islander community is more likely to contract Hepatitis A and more likely to never receive prenatal care or receive it late.<sup>3</sup> Latinx individuals are more likely to be diabetic or diagnosed with HIV than white people, and Latinx children face much higher rates of depression, obesity, and asthma.<sup>4</sup> And, while health outcomes between racial groups are significant, we must also look at the disparities within racial groups. Within the Latinx community, individuals who identify as Afro-Latinx have worse health than Latinx people who identify as white.<sup>5</sup> Immigration status also influences access to healthcare and health services and is reflected in health outcomes.

The presence of racial health disparities in our nation's history and their continuation today are unjust and immoral. Throughout our nation's history, racial health disparities were the result of deliberate choices and policies that harmed people of color to advance white people's comfort. They were not accidental. We must be aware of both historic and present-day racial health disparities, find ways to alleviate them, and support health equity.

## Social Determinants that Contribute to Health Disparities

Today, racial health inequities continue because both structural racism and racism within the medical field continue to exist. Despite civil rights protections against housing segregation, housing in our nation is still overwhelmingly divided based on race. Neighborhoods inhabited by people of color, especially Black people are more likely to have factors that contribute to poor health including: pollution, mold, lead, community violence, lack of access to healthy foods, and more. These factors will create persistent health disparities for as long as our racially segregated housing continues. Racism in employment, the racial wealth and income gaps, and unequal educational experiences are all social determinants that contribute to disparities in health. Addressing these social determinants of health is critical for improving health and reducing longstanding health disparities.

## Racism and the History of Healthcare

Structural racism within the medical field and throughout society is the leading contributor to racial health inequities. Within the medical field, historically, people of color in the United States have been relegated to inferior healthcare providers and services. Today, our healthcare system continues to provide people of color lower quality, less frequent, and less-accessible healthcare services. This builds upon previous centuries of unjust, racist health policies.

During the era of legal segregation and Jim Crow laws, hospitals and other healthcare facilities were racially segregated. Often the only healthcare facilities and services available to people of color were under-funded, poorly staffed, or even harmful to the health of Black patients. In many places it was difficult, if not impossible, to find a qualified healthcare professional willing to treat a person of color who was ill or had suffered an accident.<sup>6</sup> Black men and women faced significant barriers to accessing a medical education, creating the lack of professionals to provide healthcare for communities of color. The extreme difference between the number and quality of healthcare providers available to treat white people and those available for people of color continued beyond the Civil Rights movement, with neighborhoods remaining racially segregated and healthcare services remaining mostly the same.

## How Health Policy and Race Intersect

Today, people of color have less access to healthcare than white people, and face medical racism when they do seek treatment. Because people of color are more likely to be employed in low-wage jobs that do not offer health coverage, they are more likely to be uninsured than white people. Before the Affordable Care Act became law, 44 million people were uninsured. Through the Affordable Care Act nearly 20 million people gained coverage, with people of color experiencing the largest coverage gains.<sup>7</sup> Today, however, people of color remain more likely to be uninsured.

Medicaid expansion (decided by the states) plays a large role in improving coverage for people of color. Unfortunately, 14 states still have not expanded Medicaid. Additionally, some states are now proposing work requirements for Medicaid participants that would disproportionately take Medicaid benefits away from people of color.

According to the Kaiser Family Foundation, as of 2017, most communities of color remained significantly more likely to be uninsured than white people. American Indians

### *The direct effect of racism on health:*

Dr. David Williams, professor of Public Health and Sociology at Harvard University, and other doctors are studying the health impact of racism. They have found that experiencing racism is a serious stressor to the body that can lower one's life expectancy.

Stress triggers cortisol production that, when overproduced, has negative effects on physical health. Studies have shown that African-American and Latinx people in the U.S. have significantly higher rates of cortisol production than white people. The chronic stress people of color experience as a result of racism may contribute to health problems including lower birth weights, hypertension, diabetes, and mental illness.

Read more from Families USA:

<https://familiesusa.org/blog/2018/04/culture-racial-discrimination-incompatible-culture-health>

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## Words of Wisdom

**Of all the forms of inequality, injustice in health is the most shocking and the most inhuman because it often results in physical death.”**

— Rev. Dr. Martin Luther King, Jr.

*Intersect cont.*

and Alaska Natives (AIANs) and Hispanics had the highest risk of being uninsured, with 22% of AIANs and 19% of Hispanics lacking coverage compared to 7% of white people.<sup>8</sup> Without insurance, people are less likely to visit the doctor, resulting in worse health outcomes. One in five uninsured adults in 2017 went without needed medical care due to cost, and studies repeatedly demonstrate that uninsured people are less likely than those with insurance to receive preventive care and services for major health conditions and chronic diseases.<sup>9</sup> When they do seek care, uninsured people may face unaffordable medical bills that could devastate a family or individual’s financial situation.

## Racism within the Healthcare System

When a person of color does visit a healthcare provider, there is a reasonable chance that their experience will be negatively influenced by unconscious racial bias. This expresses itself in a healthcare provider not believing people of color’s symptoms, undervaluing their pain, or failing to provide appropriate customized treatment to patients.<sup>10</sup>

Research conducted by the University of Virginia found that more than half of the white medical students and residents questioned believed at least one false statement about differences about the Black and white people. More concerning, those who held these false beliefs rated Black patients’ pain as lower than that of white patients and made less appropriate recommendations about how they should be treated.<sup>11</sup> Another study in *Circulation* medical journal found that when cardiologists treated patients with sudden, reduced blood flow to the heart (such as a heart attack), they provided more aggressive medical intervention to white patients than they did to patients who were people of color. This resulted in worse health outcomes for the patients of color.<sup>12</sup>

Cultural competency is also necessary for a successful healthcare visit, whether that means providing professional language interpretation or additional verbal instructions for a patient who lacks English literacy skills.

## The Concerning Effect of Racism on Black Maternal Mortality

One of the starkest and most concerning instances of racial bias damaging health outcomes is the maternal mortality rate for Black women in the United States. Black mothers die from pregnancy-related complications at three to four times the rate of white women, one of the widest racial disparities in healthcare.<sup>13</sup> This has been attributed to a combination of factors including the stress that Black women experience as a result of racism throughout their lives leading up to their pregnancy as well as deficient healthcare throughout their pregnancy, deliver, and postpartum care.

In 2017, Shalon Irving’s story was shared widely and raised our national consciousness on Black maternal mortality rates. Shalon Irving was a black woman and a public health professional, an epidemiologist working for the Centers for Disease Control. Three weeks after her cesarean birth, Sharon Irving died of complications related to her delivery, postpartum condition, and high blood pressure.

**Read more about Sharon Irving’s story:**

<https://www.npr.org/2017/12/07/568948782/black-mothers-keep-dying-after-giving-birth-shalon-irvings-story-explains-why>

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*Black Maternal Mortality cont.*

Kira Johnson was a young Black mother who lost her life hours after delivering her second son. In 2018, Kira's husband Charles Johnson testified in front of Congress about reducing maternal mortality in the U.S. In his testimony he said: "This country deserves to know why our mothers are dying. Women and families who want to bear children should know what leads to maternal mortality, and 'near misses.'"

**Watch Kira's husband, Charles Johnson's Congressional testimony:**

<https://nowthisnews.com/videos/politics/black-women-die-from-childbirth-complications-at-alarming-rates>

Shalon Irving and Kira Johnson's stories and the many other stories of Black women who have lost their lives giving birth are a moral call for us to eradicate racism in our healthcare system and in our society.

## Sources

1. <https://www.cdc.gov/mmwr/pdf/other/su6001.pdf>
2. <https://familiesusa.org/product/american-indian-alaska-native-health-inequities-compared-non-hispanic-whites>
3. <https://familiesusa.org/product/asian-american-pacific-islander-health-inequities-compared-non-hispanic-whites>
4. <https://familiesusa.org/product/latino-health-inequities-compared-non-hispanic-whites>
5. [https://www.huffpost.com/entry/opinion-cuevas-afrolatino-health\\_n\\_5a6fd72ee4b00d0de22343eb](https://www.huffpost.com/entry/opinion-cuevas-afrolatino-health_n_5a6fd72ee4b00d0de22343eb)
6. <https://www.theatlantic.com/politics/archive/2016/05/americas-health-segregation-problem/483219/>
7. <https://www.kff.org/disparities-policy/issue-brief/changes-in-health-coverage-by-race-and-ethnicity-since-implementation-of-the-aca-2013-2017/>
8. <https://www.kff.org/disparities-policy/issue-brief/changes-in-health-coverage-by-race-and-ethnicity-since-implementation-of-the-aca-2013-2017/>
9. <https://www.kff.org/uninsured/fact-sheet/key-facts-about-the-uninsured-population/>
10. <https://www.pnas.org/content/113/16/4296.full>
11. [https://www.washingtonpost.com/news/to-your-health/wp/2016/04/04/do-blacks-feel-less-pain-than-whites-their-doctors-may-think-so/?utm\\_term=.9deb9b01f934](https://www.washingtonpost.com/news/to-your-health/wp/2016/04/04/do-blacks-feel-less-pain-than-whites-their-doctors-may-think-so/?utm_term=.9deb9b01f934)
12. <https://www.ahajournals.org/doi/10.1161/01.cir.0000157733.50479.b9>

## Take Action

Study the infographics from Families USA below about racial health disparities between people of color and white people. Consider the statistics in light of the content you read above. **Visit:** <https://familiesusa.org/health-inequities>

## We Pray

### Heal Us

Dear Lord,

The healthcare system in our country is ailing. Our hearts bleed as the Body of Christ is needlessly, and disparately, suffering. We regularly witness preferential access to healthcare and high rates of poor outcomes for people of color in healthcare. Forgive our conscious choices that harm the health of our sisters and brothers of color. Give us the strength and wisdom to cure our healthcare system of its racist practices and procedures.

Access to quality healthcare has been subject to privilege for centuries. At the Pool of Bethesda, privileged community members and their loved ones bathed in the healing waters while the underprivileged, sick man laid beside the pool for 38 years, waiting for

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## Little-Known Medical History

Historical accounts show cesarean sections were performed successfully in Africa before the procedure was successful for both the mother and the child anywhere else in the world. African people who were captured and sold into slavery in the United States brought this knowledge with them.

The first recorded successful cesarean section in Colonial America was performed by Dr. Jesse Bennett in 1794. With the help and guidance of a person enslaved by Dr. Bennet, he performed the cesarean section successfully and saved the life of his child and his wife.

Read more from The History Engine: <https://historyengine.richmond.edu/episodes/view/6066>

*We Pray cont.*

access and restoration of health. Jesus, Your Son showed His opposition to the lack of access to healthcare and immediately cured the man. Dear Lord, convert the hearts of those who promote privilege and resist opportunities to increase access to quality healthcare for people of color.

We belong to each other. If one part of the Body of Christ is allowed to needlessly suffer or die, the entire body is infected and will perish. Lord, we see that unhealthy environmental factors, housing practices, and implicit bias impact the health of people of color disproportionately. Make us ever conscious of our relationship and duty to the Whole Body of Christ.

Send us Your healing touch and loving wisdom so that we may cure our health system that is so critically infected with racism.

In Jesus' name.

Amen

*Written by Sister Mary Ellen Lacy, DC. Sister Mary Ellen has worked in healthcare and is former Nun on the Bus.*

## Reflection Questions

1. What preconceived thoughts or beliefs did you hold about race and health?
2. When have you or someone you know put off a doctor's visit that you needed? What were your reasons? Were there racial dynamics at play?
3. How do you understand both social determinants of health as well as racism within the medical field interacting? What has been your experience of race and health in social determinants of health and medical treatment?

## ADDITIONAL RESOURCES

### Read

- "How racism, segregation drive health disparities"  
December 15, 2016

<https://www.ama-assn.org/delivering-care/patient-support-advocacy/how-racism-segregation-drive-health-disparities>

An introductory look at the intersection of racism and health, and explanation of Dr. David R. Williams's work finding evidence of racism's negative impact on health.

- "America's Health Segregation Problem"  
May 18, 2016

<https://www.theatlantic.com/politics/archive/2016/05/americas-health-segregation-problem/483219/>

This article written by Vann R. Newkirk II examines the history of segregation in healthcare throughout our nation's history and its implications on our healthcare system today.

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*Additional Resources cont.*

- “Fighting the subconscious biases that lead to health care disparities”  
January 2016

<https://acphospitalist.org/archives/2016/01/bias-and-disparities.htm>

Some doctors are not aware of their own implicit bias as well as the gaps in access to healthcare that are accountable for racial health disparities. Steps to reduce doctors’ bias as well as other interventions should be taken to provide better healthcare to patients.

- “I Don’t Feel Your Pain: A failure of empathy perpetuates racial disparities”  
June 27, 2013

<https://slate.com/technology/2013/06/racial-empathy-gap-people-dont-perceive-pain-in-other-races.html>

Researchers at the University of Milano-Bicocca studied the racial empathy gap by measuring whether people felt more empathy when they see white skin pierced than Black skin. The research showed that it’s not just that people disregard the pain of Black people, it’s worse - the problem is that the pain isn’t even felt.

- “Doctors Don’t Always Believe You When You’re a Black Woman”  
February 2, 2018

[https://tonic.vice.com/en\\_us/article/qvedxd/doctors-dont-always-believe-you-when-youre-a-black-woman](https://tonic.vice.com/en_us/article/qvedxd/doctors-dont-always-believe-you-when-youre-a-black-woman)

Six different Black women speak about their positive and negative experiences receiving medical care, and the extra care they take to ensure they are getting the healthcare they need.

- “For The Sake Of Our People, America Needs More Black Doctors”  
November 2018

<https://blavity.com/for-the-sake-of-our-people-america-needs-more-black-doctors>

Tierra Maye writes about the many reasons why Black doctors are necessary to serve patients well in the United States, including cultural competency, empathy, building the collective voice of Black doctors.

- “Why America’s Black Mothers and Babies Are in a Life-or-Death Crisis”  
April 11, 2018

<https://www.nytimes.com/2018/04/11/magazine/black-mothers-babies-death-maternal-mortality.html>

This New York Times feature follows Simone Landry, a Black mother, through two pregnancies and explores how the lived experience of being a Black woman in the United States leads to the disparity in maternal mortality rates.

**Watch**

- *How racism makes us sick*  
November 2016

[https://www.ted.com/talks/david\\_r\\_williams\\_how\\_racism\\_makes\\_us\\_sick](https://www.ted.com/talks/david_r_williams_how_racism_makes_us_sick)

In this TED Talk, Dr. David R. Williams, one of the leading researchers into race and health, explains the multiple reasons why race matter so profoundly for health. Dr. Williams offers brief but concise explanations for higher levels of stress associated with racism, racism within medical care, and more factors that lead to racial health disparities in this 17 minute video.

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*Additional Resources cont.*

- *How the Health Care System Has Racial Biases*

March 22, 2018

<https://www.facebook.com/watch/?v=1988265154538298>

In this 2 minute testimony from Dr. Rupa Marya, she tells the story of a time when she had to question her own implicit bias and challenge her fellow doctor to get their patient the care she needed.

- *A Recipe for Health Equity in the 21st Century*

October 29, 2012

<https://www.youtube.com/watch?v=ywQJGnzQKGs>

Dr. Renaisa Anthony discusses the impact of race, gender, and background on her life and the lives of the people she serves.